2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000007228

1. Entity Name REFLECTIONS MARBLE & GRANITE INC.



Principal Place of Business

2045 SW 142 PL MIAMI, FL 33175 Mailing Address 2045 SW 142 PL MIAMI, FL 33175 FILED Apr 15, 2004 08:00 AM Secretary of State



04072004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2788026 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FABIAN, ROLANDO J 2045 SW 142 PLACE MIAMI, FL 33175

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when rainstailing) DATE						
FiLE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing []	\$5.00 May Be Added to Fees	U00000114281 04/15/04-80043-024 150.00	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FABIAN, ROLANDO J 2045 SW 142 PL MIAMI, FL 33175					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. 			
TATLE NAME STREET ADDRESS CATY-ST-ZIP	55.			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TOTALE NAME STREET ADDRESS CXTY-ST-ZXP						
THEE NAME STREET ADDRESS CHY-ST-ZP				• • • • • • • • • • • • • • • • • • • •		
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this record or supplemental coord is true and accurate and that my signature shall have the same legal affect as if made under oath; that I am an officer or director						

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactoment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/12/04

Daytime Phone #